

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

1503

1. PLACE OF DEATH

49 County Jasper
11 Township North City
1 City North City (No.)

Registration District No. 417
Primary Registration District No. 3021

File No.
Registered No. 13
St. Ward

2. FULL NAME

(a) Residence, No. 210 S. 1st St., Ward.
(Usual place of abode)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF <u>Belle Enders</u> (or) WIFE OF <u> </u>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>July 19 1885</u>		
7. AGE	YEARS <u>46</u>	MONTHS <u>5</u>
	DAYS <u>7</u>	IF LESS than 1 day, hrs. or min. <u> </u>

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Timer '93
(b) General nature of industry, business, or establishment in which employed (or employer).
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Jasper County
(STATE OR COUNTRY) Missouri

10. NAME OF FATHER Samuel Enders
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Ind.
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER Mary Holladay
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Ill.
(STATE OR COUNTRY)

14. INFORMANT Belle Enders
(Address) North City Mo.

15. FILED 1/28 1932 R. M. Stormont
REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 26 1932
17. I HEREBY CERTIFY, That I attended deceased from 1-30-31, 1932, to 1-26-26, 1932, that I last saw him alive on 1-26, 1932, and that death occurred, on the date stated above, at 12 30 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Pulmonary tuberculosis
2 3 3 A
11 A
(duration) yrs. mos. ds.
CONTRIBUTORY (SECONDARY) Flu Pneumonia
(duration) yrs. 6 mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? DATE OF
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS? ③
(Signed) H. S. Clayton, M. D.
1-26, 1932 (Address) North City Mo.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Mount Hope Cem DATE OF BURIAL 1/28 1932
20. UNDERTAKER North City Und Co ADDRESS North City

WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

FEB 24 1932

PARENTS

